Island Fever

The Diver

The diver was a 49-year-old female with more than 200 lifetime dives. She had no known medical history, took no medications regularly and was generally healthy and fit.

A Tropical Dive Vacation

Our diver headed to a popular Caribbean island for a weeklong dive vacation. Over six days she completed 21 problem-free dives, all of which were conducted on air and were within the no-decompression limits of her computer. She performed a safety stop at the end of each dive. The maximum depth of her deepest dive was 34 metres; the rest of the dives ranged from 9 to 27 metres deep. The diver refrained from excessive consumption of alcohol and other behaviours that might have negatively affected her health or safety while on vacation.



What Happened?

On the day of her departure from the island, the diver's preflight surface interval was greater than 24 hours. She had no specific complaints but did have a general sense of feeling unwell. During the first of her two flights she began to experience deep muscle and joint aches. The discomfort was in multiple areas and was accompanied by nausea and a severe headache. The symptoms did not resolve on the ground between flights, but they did not worsen during the second flight. She arrived home and hoped to recover by getting some rest. After a less-than-recuperative night's sleep her symptoms did not diminish, and, concerned about the possibility of decompression sickness (DCS), she decided to contact DAN.

The DAN medic to whom she spoke suggested that she seek medical attention at the closest emergency department. While the possibility of decompression injury could not be excluded, the timing and the nature

of her symptoms made other possible explanations more likely. When she arrived at the emergency department she had a fever of 39°C. She underwent a variety of diagnostic procedures, including several laboratory tests and thorough physical and neurological examinations. All indications pointed to a diagnosis of dengue fever, not DCS.

The hospital staff administered appropriate supportive care, which included IV fluids and medications to help manage her pain and nausea. She was ultimately discharged, and the doctor instructed her family on how to monitor her condition and continue her care. The fever and nausea subsided within three days, and the aches and headache finally resolved after two weeks. Fortunately, her treatment was covered by the non-diving emergency travel component of her DAN insurance.

The Importance of Medical Assessments

This case should serve as a reminder that travel to tropical areas exposes divers to risks beyond those associated with diving. The timing and nature of this diver's symptoms justifiably led her to suspect the symptoms may not have been related to diving. However, she wisely deferred to the expertise of medical professionals and, in doing so, received prompt evaluation and care for the illness she had. (It is worth noting that the established flying-after-diving guidelines are associated with a consistently high safety record.)

The importance of receiving a medical assessment that considers multiple possible diagnoses cannot be overstated. While localised pain and severe fatigue are common symptoms of DCS, generalised muscle pains and fever are not. The evaluating physician recognised this and expanded the differential diagnosis list accordingly. The diagnosis of dengue fever is made on the basis of clinical findings (signs and symptoms) as well as history of travel to known risk areas. Fortunately, this tropical disease is not generally life-threatening, and full recovery is expected within a few weeks, as occurred in this case.

Most divers are familiar with the signs and symptoms of DCS, but it is important to remember that these signs and symptoms are not exclusive to DCS and may indicate other maladies.

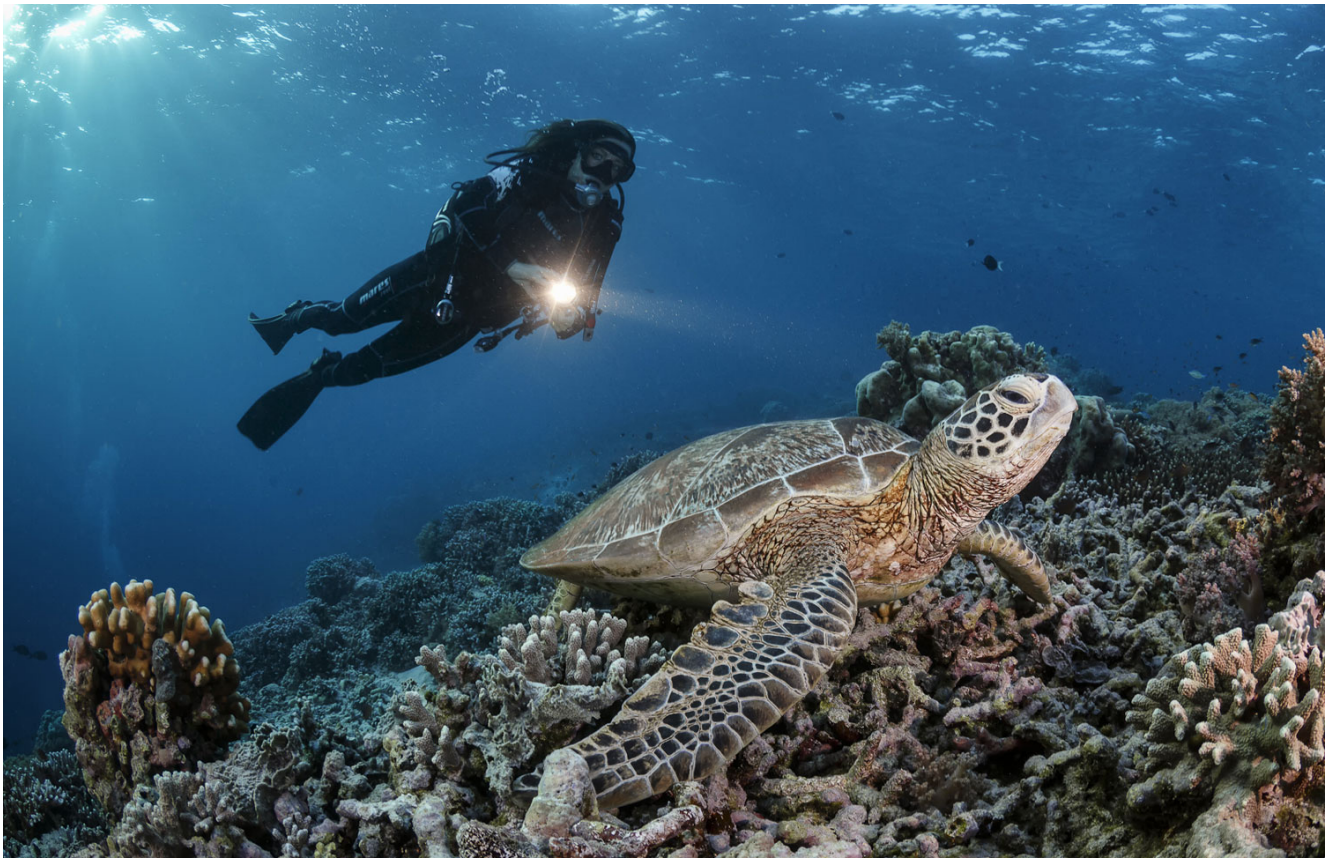


Photo: Marcello Di Francesco

You Give Me Fever

Dengue fever is a mosquito-borne infection. There is a documented rise in infection rates throughout the Caribbean and in the southeastern United States. Rates have not increased to an alarming level, but travellers should be aware of the disease. The infection is characterised by an acute onset of a fever three to 14 days after being bitten by an infected mosquito. The classic dengue fever presents, after this incubation period, as follows:

• Acute fever
• Muscle and joint aches/pain
• Severe frontal headache
• Acute pain behind the eyes
• Nausea and loss of appetite
• Rash
• In rare cases, bleeding

The pain associated with the disease can be severe, especially in subsequent infections. This severe pain gave rise to dengue's nickname, "breakbone fever." The fever and pain should be managed with acetaminophen (Tylenol); avoid aspirin, ibuprofen, naproxen and other nonsteroidal anti-inflammatory drugs (NSAIDs) as these can promote bleeding.

In most cases the fever resolves within a few days, but fatigue may persist for days to weeks. There is also now an approved vaccine, however it is recommended only for those who have had Dengue fever or live in a population where most people have been infected. To learn more about dengue and other tropical diseases, check the online information and updates from the European Centre for Disease Prevention and

Control or the World Health Organisation. As always, if you develop symptoms after diving, do not hesitate to contact DAN.

Before leaving make sure your DAN membership is still active. If it isn't, join DAN or renew your membership at www.daneurope.org.

Your DAN membership ensures the services of the biggest international network for assisting divers anywhere, during any emergency.